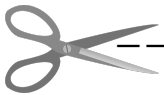


# RCS BASKETBALL CAMP

- WHO:** Boys and Girls going into 2nd—8th Grade  
**WHEN:** Tuesday, June 27th to Friday, June 30th  
**TIME:** 8:30 am to 11:30 am  
**COST:** \$60 per player—Each camper will receive a camp T-Shirt!  
A daily rate of \$15.00 per player is available for those that cannot attend all four days. \$70 per player after Monday, June 19th.  
Submit checks payable to RCS with registration form below.
- BRING:** Basketball shoes, basketball attire, basketball, a good attitude and a willingness to learn!
- MORE INFO:** For more information contact:  
Coach Jason: 509-833-6112 email: [jpmorgie@gmail.com](mailto:jpmorgie@gmail.com)

Coach Baz has been a basketball coach since 1994, and has coached at all levels. He has led seven teams to the State Tournament, and he has sent four players to play at the college level. Coach Baz is currently the Eisenhower High School varsity coach.

Coach Jason is a lifelong basketball player who is passionate about teaching the game. He has experience coaching at Fellowship of Christian Athletes (FCA) clinics, Pro Shot Shooting clinics, and is entering his fourth season as an RCS AAU coach.



CAMPER NAME: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

PARENT PHONE: \_\_\_\_\_ PARENT EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

T-SHIRT SIZE YOUTH SM YOUTH MED YOUTH LG YOUTH XL

(CIRCLE ONE): ADULT SM ADULT MED ADULT LG ADULT XL

**MAIL/SUBMIT FORM WITH  
PAYMENT TO :**  
RIVERSIDE CHRISTIAN SCHOOL  
721 KEYS ROAD  
YAKIMA, WA 98901

**MAKE CHECKS PAYABLE TO: RIVERSIDE CHRISTIAN SCHOOL**

Please sign the insurance waiver below and return with registration and payment. I hereby authorize the coaches of RCS Basketball Camp to act for me according to their best judgement in any emergency requiring medical attention. I hereby release Riverside Christian School and RCS Camp directors/coaches from liability arising from my child's participation at the camp. I know of no mental or physical problems which might affect my child's participation at this camp. I will be responsible for any medical or other charges in connection with my child's participation at camp. Costs for treatment, injuries, or hospitalization incurred during the camp will be the responsibility of the parent or guardian of the camp participant.

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_